## SANTA FE COUNTY

## **RESOLUTION 2014 -** <u>99</u>

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### A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on Sept. 30, 2014, did request the following budget adjustment:

Department / Division: \_\_\_\_\_\_ Sheriff's Office

Fund Name: Law Enforcement Operation Fund (LEOF)

Budget Adjustment Type: \_\_\_\_Budget Increase\_\_\_\_

Fiscal Year: \_2015 (July 1, 2014 - June 30, 2015)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
246	0000	360	0500	Misc Revenue / Sale of Tangible Property	\$45,225.00	
TOTAL (i	if SUBTOTAL, ch	eck here)	satist titlent kaan sta	a a constante de la constante d	\$45,225.00	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	in the second state of the state of the second states of the state of the second states of th	AY / LINE ITEM JAME	INCREASE AMOUNT	DECREASE
246	1201	424	8009	Vehicles		\$45,225.00	+1 
TOTAL (i	f SUBTOTAL, ch	eck here)	lan segunda tari segu	👝 garistin 🕻 titalike tigen ditta	n fail an tha air an Arailean tha	\$45,225.00	
Requesting	g Department Ap	proval:	{		Undersher St		Date 8 21.14
Finance D	epartment Appro	val: Jurlos	emante	Date: 9/17/14	Entered by:	<b>]</b>	Date:
County Ma	anager Approval			Date:	Updated by:		Date:

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#### ATTACH ADDITIONAL SHEETS IF NECESSARY.

<b>DEPARTMENT CONTACT:</b>	Name: Undersheriff Ron Madrid	Dept/Div: <u>Sheriff's Office</u>	Phone No.: <u>505-986-2457</u>

## DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

• 1) Please summarize the request and its purpose.

The Sheriff's Office would like to use the proceeds from the Sheriff's Office Fleet auction. We would like to have it moved to LEOF to purchase a motorcycle. This motorcycle would be a great addition to our fleet and would like to utilize the auction proceeds for this purchase.

#### a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
a Constant			
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b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount \$45,225.00
80-09	Harley-Davidson Police Electra Glide (Motorcycle, Equipment, Decals)	

• 2) Is the budget action for RECURRING expense \_\_\_\_\_ or for NON-RECURRING (one-time only) expense \_\_\_\_\_

# SANTA FE COUNTY

## **RESOLUTION 2014 - <u>99</u>**

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#### ATTACH ADDITIONAL SHEETS IF NECESSARY.

**DEPARTMENT CONTACT:** 

Name: Undersheriff Ron Madrid

Dept/Div: Sheriff's Office

Phone No.: 505-986-2457

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.);

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
  a) If this is a state special appropriation, YES \_\_\_\_\_ NO \_\_\_X
  - If YES, cite statute and attach a copy.

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- b) Does this include state or federal funds? YES \_\_\_\_\_ NO \_\_X If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
- c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO \_\_X\_\_\_\_ If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

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• d) Please identify other funding sources used to match this request.

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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of September, 2014.

Santa Fe Board of County Commissioners

9-30-2014

Daniel W. Mayfield, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

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COUNTY OF SANTA FE STATE OF NEW MEXICO BCC RESOLUTIONS PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 2ND Day Of October, 2014 at 09:42:02 AM And Was Duly Recorded as Instrument # **1747560** Of The Records Of Santa Fe County

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ss My Hand And Seal Of Office Geraldine Salazar Clerk, Santa Fe, NM